## PATENT APPLICATION DECLARATION COMBINED WITH POWER OF ATTORNEY

Attorney's Docket No.: CE08314R

| $\boxtimes$                                                          | Regular (Utility)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                     | Design Applic                                    | ation                                           |  |  |  |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------|--|--|--|
| As a below named in                                                  | ventor, I hereby declare                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | that:                                                                                                               |                                                  |                                                 |  |  |  |
| My residence, post of                                                | My residence, post office address and citizenship are as stated below next to my name.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                  |                                                 |  |  |  |
| original, first and jo                                               | nt inventor (if plural na                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | nventor (if only one names are listed below) on the invention entitled                                              | of the subject r                                 | •                                               |  |  |  |
| METHOD AND A                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ERFACING A NETWO<br>LEMENT                                                                                          | ORK TO AN E                                      | XTERNAL                                         |  |  |  |
| the specification of v                                               | vhich:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                     |                                                  |                                                 |  |  |  |
| is attached                                                          | hereto w                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | as filed on:                                                                                                        |                                                  |                                                 |  |  |  |
| 13 attached                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | U.S. Serial No.:                                                                                                    |                                                  |                                                 |  |  |  |
|                                                                      | an                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d was amended on                                                                                                    |                                                  | <del></del> .                                   |  |  |  |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | (i                                               | f applicable)                                   |  |  |  |
| •                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | understand the conter<br>led by any amendment r                                                                     |                                                  |                                                 |  |  |  |
| -                                                                    | luty to disclose information ance with 37 CFR § 1.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ation which is material 66(a).                                                                                      | to the patenta                                   | bility of this                                  |  |  |  |
| application(s) for pa<br>which designated at<br>have also identified | tent or inventor's certification of the country other below, by checking the performance of the performance | er 35 U.S.C. § 119(a)-(cate or 365(a) of any Pothan the United states of box, any foreign application having a fili | CT internations f America, list ation for patent | al application<br>ed below and<br>or inventor's |  |  |  |
| Prior Foreign Applic                                                 | ation(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                     |                                                  |                                                 |  |  |  |
| no such app                                                          | olication(s) filed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | such application follows:                                                                                           | ation(s) identif                                 | ied as                                          |  |  |  |
| Application Number                                                   | Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Date of Filing (day, month, year)                                                                                   | Priority Claimed                                 |                                                 |  |  |  |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Yes                                              | No                                              |  |  |  |
|                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                     | Yes                                              | No                                              |  |  |  |

| application(s) listed below:                                                                                                 | under 35 U.S.C. §119(e) c                                                                                                                                     | of any United States provisional                                                                                                                                                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Provisional Applicati                                                                                                        | on Serial No.:                                                                                                                                                |                                                                                                                                                                                                                                                                                |
| Provisional Applicati                                                                                                        | on Filing Date:                                                                                                                                               |                                                                                                                                                                                                                                                                                |
| 365(c) of any PCT internation below and, insofar as the subjet in the prior United States or F paragraph of 35 USC 112, I at | nal application designating the community of each of the claim PCT International application cknowledge the duty to disclose FR §1.56 which became available. | any United States application(s), or<br>he United States of America, listed<br>as of this application is not disclosed<br>in the manner provided by the first<br>ose information which is material to<br>ailable between the filing date of the<br>g date of this application. |
| Prior U.S. Application(s):                                                                                                   | no such application(s)                                                                                                                                        | (s) filed identified as follows:                                                                                                                                                                                                                                               |
| U.S. Parent Application No. or PCT Parent No.                                                                                | Filing Date<br>(day, month, year)                                                                                                                             | Status<br>(Patented, Pending, Abandoned)                                                                                                                                                                                                                                       |
|                                                                                                                              | THIS APPLICATION AND TO T                                                                                                                                     | ING REGISTERED ATTORNEY(S) RANSACT ALL BUSINESS IN THE                                                                                                                                                                                                                         |
|                                                                                                                              |                                                                                                                                                               |                                                                                                                                                                                                                                                                                |

Send correspondence to Customer Number 22917

Address all telephone calls to: Kenneth A. Haas at (847) 576-0379 Fax (847) 576-3750 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 USC and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Full name of first-named or sole inventor ROBERT BANKS       |                                       |                          |             |  |  |
|--------------------------------------------------------------|---------------------------------------|--------------------------|-------------|--|--|
| Inventor's signature                                         | Notwit Boh                            | Date                     | June 2,2000 |  |  |
| Residence Barrington                                         |                                       | IL                       | ·           |  |  |
|                                                              | City                                  | State or Foreign Country |             |  |  |
| Citizenship USA                                              |                                       |                          |             |  |  |
|                                                              | Country                               |                          |             |  |  |
| Post Office Address                                          | 4921 Lichfield Drive                  |                          |             |  |  |
|                                                              | Street Address                        |                          |             |  |  |
| Barrington IL                                                |                                       |                          | 60010-5615  |  |  |
| City                                                         | State or Country                      |                          | Zip Code    |  |  |
|                                                              |                                       |                          |             |  |  |
| Full name of second-named joint inventor WESLEY STUART JONES |                                       |                          |             |  |  |
| Inventor's signature                                         | willy theat on                        | Date                     | 5 JUNE 2000 |  |  |
| Residence Pala                                               | atine /                               | Il                       |             |  |  |
| City State or Foreign Country                                |                                       | reign Country            |             |  |  |
| Citizenship USA                                              |                                       |                          |             |  |  |
|                                                              | Country                               |                          |             |  |  |
| Post Office Address                                          | 643 East Monterey Road Street Address |                          |             |  |  |
| Palatine                                                     | Il                                    |                          | 60067-3725  |  |  |
| City                                                         | State or Country                      |                          | Zip Code    |  |  |

| Full name of third-named joint inventor RICHARD MALCOLM |                  |              |              |  |  |
|---------------------------------------------------------|------------------|--------------|--------------|--|--|
| Inventor's signature                                    | Rillhel          | Date         | 6/5/00       |  |  |
| Residence Car                                           | ol Stream        | IL           |              |  |  |
| (                                                       | City             | State or For | eign Country |  |  |
| Citizenship <u>USA</u>                                  | Country          |              |              |  |  |
| Post Office Address 625 Paxton Place                    |                  |              |              |  |  |
|                                                         | Street Address   |              |              |  |  |
| Carol Stream                                            | IL               |              | 60188        |  |  |
| City                                                    | State or Country | 7            | Zip Code     |  |  |